

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2006 OF THE CONDITION AND AFFAIRS OF THE

Community Choice Michigan

·	000 0000 nt Period) (Prior Perior	NAIC Company Cod	e 95562	Employer's ID Number	38-3252216		
Organized under the Laws or	, ,		State of Domicile o	r Port of Entry	Michigan		
Country of Domicile			Jnited States				
Licensed as business type:	Life, Accident & Health [1 Property/Casu	alty[] Denta	Service Corporation []			
,,	Vision Service Corporation		,	n Maintenance Organization [X]		
	Hospital, Medical & Denta	al Service or Indemnity []	Is HM	O, Federally Qualified? Yes [] No [X]		
Incorporated/Organized	05/24/1995	Comm	enced Business	08/01/199	26		
			enced Business				
Statutory Home Office		ake Dr, Suite 200 and Number)	,	Okemos, MI 48864-6 (City or Town, State and Zip of			
Main Administrative Office		236	9 Woodlake Dr, Su	ite 200			
	os, MI 48864-6024	200	(Street and Number)				
	Town, State and Zip Code)		(A	Area Code) (Telephone Number)			
Mail Address	2369 Woodlake Dr, Su (Street and Number or P.C			Okemos, MI 48864-6024 (City or Town, State and Zip Code)			
Primary Location of Books an	`	. Dux)	2369 Woodla	ke Dr, Suite 200			
•				and Number)			
	os, MI 48864-6024 Town, State and Zip Code)		(A	517-706-6604 Area Code) (Telephone Number)			
Internet Website Address _		\	www.ccmhmo.org				
Statutory Statement Contact		y A. Saxton		517-706-6604			
kim.saxto	on@csmg-online.com	ame)		(Area Code) (Telephone Number) (E) 517-349-5343	dension)		
	(E-mail Address)			(FAX Number)	_		
Policyowner Relations Contac	-		9 Woodlake Dr, Su	uite 200			
	os, MI 48864-6024	reet and Number)		800-390-7102			
(City or 1	own, State and Zip Code)		(Area C	code) (Telephone Number) (Extension)			
		OFFICER	S				
Name		Title	Name Chris Chas	Dagud	Title		
Christine Baumgardner Sharron Gallop		President etary-Treasurer	Chris Shea	, Board	Vice-President		
		OTHER OFFI	CERS				
	г	IRECTORS OR T	RUSTEES				
Velma Hendershott	AJ	Jones	Denise Holme		hony King		
Patricia Teague Chris Shea		williams yn Williams	Sharron Gallo	op Christine	e Baumgardner		
					_		
	Michigan	ss					
County of							
The officers of this reporting entity above, all of the herein described this statement, together with related this statement, together with related this entitle the condition and affairs of the completed in accordance with the that state rules or regulations requirespectively. Furthermore, the scot exact copy (except for formatting of the enclosed statement.	assets were the absolute proped exhibits, schedules and exp said reporting entity as of the NAIC Annual Statement Instruire differences in reporting not pe of this attestation by the de	erty of the said reporting entity lanations therein contained, an reporting period stated above, ctions and Accounting Practice related to accounting practice escribed officers also includes	free and clear from a nexed or referred to is and of its income and s and Procedures man and procedures, accome he related correspond	ny liens or claims thereon, except a full and true statement of all the deductions therefrom for the perioual except to the extent that: (1) sording to the best of their informating electronic filing with the NAIC,	as herein stated, and that e assets and liabilities and od ended, and have been tate law may differ; or, (2) on, knowledge and belief, when required, that is an		
Christine Baum	gardner	Chris Shea	1	Sharron (Sallon		
Board Presi		Board Vice-Pre		Board Secretar	•		
Subscribed and sworn to beday of	fore me this		b. If n 1. S 2. E	his an original filing? o, State the amendment number Date filed Jumber of pages attached	Yes [X] No []		

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
199999 Total individuals						
Group subscribers:						
1299997 Group subscriber subtotal		0		Ω	n	
1299998 Premiums due and unpaid not individually listed						I
1299999 Total group	0	0	0	0	0	
9299999 Total group						
1499999 Premiums due and unpaid from Medicaid entities	32,000	32,000	32,000	32,000		128,00
0599999 Accident and health premiums due and unpaid (Page 2, Line 13)	32,000	32,000	32,000	32,000	0	128,00

EXHIBIT 3 - HEALTH CARE RECEIVABLES

EXHIDIT 3 - HEALTH CARL RECLIVABLES										
1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted				
Individually Listed Receivables: Express Scripts.			·	•						
Express Scripts		73,140	76,295	214,552	214,552	224,352				
0199999 - Totals - Pharmaceutical rebate receivables	74,917	73,140	76,295	214,552	214,552	224,352				
		101,398	101,398	2,388,510	2,388,510	449,055				
0299999 - Totals - Claim Overpayment Receivables	246,259	101,398	101,398	2,388,510	2,388,510	449,055				
State of Michigan.		159,238	34,217							
0499999 - Totals - Capitation Arrangement Receivables	364,040	159,238	34,217	7,665		565 , 160				
0699998 - Aggregate of amounts not individually listed above.	415, 191					415 , 191				
0699999 - Totals - Other Receivables	415 , 191	0				415,191				
	···				<u> </u>					
	I									
0799999 Gross health care receivables	1,100,407	333,776	211,910	2,610,727	2,603,062	1,653,758				

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid	Aging Analysis of Unpaid Claims												
1	2	3	4	5	6	7								
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total								
Claims Unpaid (Reported)														
			•											
0199999 Individually listed claims unpaid.	0	Ω	Λ	Λ	Λ	0								
0299999 Aggregate accounts not individually listed-uncovered.						0								
0399999 Aggregate accounts not individually listed-covered	1,527,962	45,212	24,279	7,160	55,892	1,660,505								
0499999 Subtotals	1,527,962	45,212	24,279	7,160	55,892	1,660,505								
0599999 Unreported claims and other claim reserves	1,021,002	70,212	24,210	7,100	00,002	8,132,544								
0699999 Total amounts withheld						180,616								
						9,973,665								
0799999 Total claims unpaid						9,973,000								
0899999 Accrued medical incentive pool and bonus amounts						23,800								

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

			-,						
1	2	3	4	5	6	Adm	itted		
						7	8		
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current		
Individually Listed Receivables:									
	•								
									
		NON							
			I						
	t		 	t					
	·	·····		· · · · · · · · · · · · · · · · · · ·					
0199999 Individually listed receivables	[0	J	J	J	0	0	ا D		
0399999 Total gross amounts receivable	0	0	0	0	0	0	0		

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
0199999 Individually listed payables		0	0	0
0299999 Payables not individually listed		48,586	48,586	
0199999 Individually listed payables 0299999 Payables not individually listed 0399999 Total gross payables		48,586	48,586	0

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ANNUAL STATEMENT FOR THE YEAR 2006 OF THE Community Choice Michigan

EXHIBIT 7 PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT TO ART TO COMMINANT OF TRANSPORT OF THE TRANSPORT											
Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers					
Capitation Payments:											
1. Medical groups	52,955	0.1		0.0	52,955						
2. Intermediaries	2,025,921	2.3		0.0		2,025,921					
3. All other providers	1,056,699	1.2		0.0		1,056,699					
4. Total capitation payments	3,135,575	3.5	0	0.0	52,955	3,082,620					
Other Payments:					•						
5. Fee-for-service	8,481,692	9.6	XXX	XXX		8,481,692					
6. Contractual fee payments	70,431,617	79.7	XXX	XXX	0	70,431,617					
7. Bonus/withhold arrangements - fee-for-service	6,351,002	7.2	XXX	XXX	3,242,990	3,108,012					
Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX	, ,						
9. Non-contingent salaries	0	0.0	XXX	XXX							
10. Aggregate cost arrangements	0	0.0	XXX	XXX							
11. All other payments	0	0.0	XXX	XXX							
12. Total other payments	85,264,311	96.5	XXX	XXX	3,242,990	82,021,321					
13. Total (Line 4 plus Line 12)	88,399,886	100 %	XXX	XXX	3,295,945	85,103,941					

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
			Average		Intermediary's Authorized
			Average Monthly	Intermediary's	Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Intermediary's Total Adjusted Capital	Control Level RBC
	NONE				
	NONE				
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Gost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment						
Medical furniture, equipment and fixtures	 					
Pharmaceuticals and surgical supplies						
Durable medical equipment	 					
Other property and equipment						
6. Total	0	0	0	0	0	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIO O O . I	SE MULLINA					A.D. 0000				(LOCA	TION)	0.1	05500
NAIC Group Code 0000 BUSINESS IN THE STATE (ור iviichigan	Compre	hensive	<u> </u>	DURING THE YE	AR 2006	1	I			NAIC Compai	ny Code	95562
	1	(Hospital &		4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	46,995								46,995				
2 First Quarter	48,297								48 , 297				
3 Second Quarter	48 , 174								48 , 174				
4. Third Quarter	47 ,787								47 ,787				
5. Current Year	49,163								49,163				
6 Current Year Member Months	580,504								580,504				
Total Member Ambulatory Encounters for Year:													
7. Physician	169 , 189								169 , 189				
8. Non-Physician	245,231								245,231				
9. Total	414,420	0	0	0	0	0	0	0	414,420	0	0	0	0
10. Hospital Patient Days Incurred	19,967								19,967				
11. Number of Inpatient Admissions	4,029								4,029				
12. Health Premiums Written	103,596,161								103,596,161				
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	103,596,161								103,596,161				
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services									88,399,886	•			
18. Amount Incurred for Provision of Health Care Services	83,333,491								83,333,491				

(a) For health business: number of persons insured under PPO managed care products _____and number of persons under indemnity only products _____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 0000 BUSINESS IN THE STATE OF	Consolidated			r	OURING THE YE	AD 2006				(LOCA	TION) NAIC Compar	av Codo	95562
INAIC GIOUP COUR DOOINESS IN THE STATE OF	Consolidated	Compre	hensive	1	JUNING THE YE	AR 2000					NAIC Compar	ly Code	90002
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	46 , 995	0	0	0	0	0	0	0	46,995	0	0	0	0
2 First Quarter	48,297	0	0	0	0	0	0	0	48,297	0	0	0	0
3 Second Quarter	48 , 174	0	0	0	0	0	0	0	48 , 174	0	0	0	0
4. Third Quarter	47 ,787	0	0	0	0	0	0	0	47 ,787	0	0	0	0
5. Current Year	49,163	0	0	0	0	0	0	0	49,163	0	0	0	0
6 Current Year Member Months	580,504	0	0	0	0	0	0	0	580,504	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	169 , 189	0	0	0	0	0	0	0	169 , 189	0	0	0	0
8. Non-Physician	245,231	0	0	0	0	0	0	0	245,231	0	0	0	0
9. Total	414,420	0	0	0	0	0	0	0	414,420	0	0	0	0
10. Hospital Patient Days Incurred	19,967	0	0	0	0	0	0	0	19,967	0	0	0	0
11. Number of Inpatient Admissions	4,029	0	0	0	0	0	0	0	4,029	0	0	0	0
12. Health Premiums Written	103,596,161	0	0	0	0	0	0	0	103,596,161	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	103,596,161	0	0	0	0	0	0	0	103,596,161	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		0	0	0	0	0	0	0	88,399,886	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	83,333,491	0	0	0	0	0	0	0	83,333,491	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons under indemnity only products _____0

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

Book/adjusted carrying value, December 31, prior year	0
Increase (decrease) by adjustment:	
2.1 Totals, Part 1, Column 11	0
2.2 Totals, Part 3, Column 7	0
Cost of acquired, (Totals, Part 2, Column 6, net of encumb ances Column and Let of Column 9)	0
Cost of additions and permanent improvements:	
4.1 Totals, Part 1, Column 14	0
4.2 Totals, Part 3, Column 9	0
Total profit (loss) on sales, Part 3, Column 14	0
Increase (decrease) by foreign exchange adjustment:	
6.1 Totals, Part 1, Column 12	0
6.2 Totals, Part 3, Column 8	0
Amounts received on sales, Part 3, Column 11 and Part 1, Column 13	0
Book/adjusted carrying value at end of current period	0
Total valuation allowance	
Subtotal (Lines 8 plus 9)	0
Total nonadmitted amounts	
Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	0
	2.2 Totals, Part 3, Column 7

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

1.	Book value/recorded investment excluding accrued interes at months again and it is a second of the control of t	.0
2.	Amount loaned during year:	
	2.1 Actual cost at time of acquisitions	
	2.2 Additional investment made after acquisitions	.0
3.	Accrual of discount and mortgage interest points and commitment fees	
4.	Increase (decrease) by adjustment	
5.	Total profit (loss) on sale	
	Amounts paid on account or in full during the year	
7.	Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	.0
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	.0
12.	Total nonadmitted amounts	
13.	Statement value of mortgages owned at end of current period (Page 2 mortgage lines. Net Admitted Assets column)	0

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Long-Term Invested Assets

1.	Book/adjusted carrying value of long-term invested assets and December 1 of tion year.
2.	Cost of acquisitions during year:
	2.1 Actual cost at time of acquisitions
	2.2 Additional investment made after acquisitions
3.	Accrual of discount
4.	Increase (decrease) by adjustment
5.	Total profit (loss) on sale
6.	Amounts paid on account or in full during the year
	Amortization of premium
8.	Increase (decrease) by foreign exchange adjustment
9.	Book/adjusted carrying value of long-term invested assets at end of current period
10.	Total valuation allowance
11.	Subtotal (Lines 9 plus 10)
12.	Total nonadmitted amounts
13.	Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3).

5.7 Totals

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE Community Choice Michigan

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations 10 Over 1 Year Through Over 5 Years Through Over 10 Years Total from Col. 6 % From Col. 7 Total Publicly Total Privately Placed Col. 6 as a Quality Rating per the NAIC Designation 10 Years Through 20 Years Over 20 Years **Total Current Year** % of Line 10.7 Prior Year Prior Year Traded 1 Year or Less 5 Years (a) 1. U.S. Governments, Schedules D & DA (Group 1) .980,585 ..1,478,030 14.6 ..1,478,030 1.1 Class 1 .0.0 1.2 Class 2 0.0 1.3 Class 3 ..0.0 .0.0 1.4 Class 4 0.0 0.0 0.0 1.5 Class 5 0.0. 1.6 Class 6 0.0 0.0 497.445 980.585 1.478.030 14.6 1.478.030 0.0 1.7 Totals 2. All Other Governments, Schedules D & DA (Group 2) 1,978,818 ..7,458,741 .73.4 ..7,458,741 2.1 Class 1 ...5,479,923 .0.0 ..0.0 .0.0 2.2 Class 2 2.3 Class 3 ..0.0 .0.0 2.4 Class 4 0.0 0.0 2.5 Class 5 ..0.0 0.0. 2.6 Class 6 0.0 0.0 73.4 7.458.741 5.479.923 1.978.818 7,458,741 0.0 2.7 Totals 3. States, Territories and Possessions etc., Guaranteed, Schedules D & DA (Group 3) 0.0 0.0 3.2 Class 2 0.0.. ..0.0 3.3 Class 3 .0.0 .0.0 .0.0 3.4 Class 4 3.5 Class 5 0.0 0.0. 3.6 Class 6 0.0 0.0 3.7 Totals 0.0 0.0 4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4) 0.0 0.0 4.1 Class 1 4.2 Class 2 .0.0 .0.0 0.0 4.3 Class 3 0.0 0.0 4.4 Class 4 4.5 Class 5 0.0 .0.0 0.0 0.0 4.6 Class 6 4.7 Totals 0.0 0.0 5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5) 5.1 Class 1 .0.0 0.0. 0.0 5.2 Class 2 ..0.0 5.3 Class 3 0.0 0.0 5.4 Class 4 .0.0 .0.0 5.5 Class 5 ..0.0 ..0.0 0.0 0.0 5.6 Class 6

0.0

0.0

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type	es of Issues and NAIC Designations

	•	Quality and Maturi	ty Distribution of All B	onds Owned December	er 31, at Book/Adjuste	d Carrying Values by I	Major Types of Issues	and NAIC Designation		•	
Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Place (a)
6. Public Utilities (Unaffiliated), Sche			TO Years	Through 20 Years	Over 20 Years	Total Current Year	% Of Lifte 10.7	Prior rear	Phot feat	rraded	(a)
6.1 Class 1	T	0) 				0	0.0	0	0.0		
6.2 Class 2				•••••			0.0		0.0		
6.3 Class 3							0.0	Ω	0.0		
6.4 Class 4				•		h	0.0		0.0		
6.5 Class 5						Λ	0.0	Ω	0.0		
6.6 Class 6						<u> </u>	0.0	Ω	0.0		
6.7 Totals	0	0	0	Λ	0	0	0.0	0	0.0	0	/
7. Industrial & Miscellaneous (Unaffil	isted) Schodules D 8	DA (Group 7)	U	U	U	U	0.0	U	0.0	U	(
7.1 Class 1	631,306					1.219.291	12.0	0	0.0	1.219.291	
7.2 Class 2	031,300					1,219,291	0.0	Ω	0.0	1,219,291	
7.3 Class 3) 1	0.0	 0	0.0		
7.4 Class 4						Λ	0.0		0.0		
7.5 Class 5						h	0.0		0.0		
7.6 Class 6				•••••		h	0.0		0.0		
7.7 Totals	631,306	587,985	0	0	0	1,219,291	12.0	0	0.0	1,219,291	(
8. Credit Tenant Loans, Schedules D	,	001,000	U	0	0	1,210,201	12.0	0	0.0	1,210,201	
8.1 Class 1	I Group of	1				0	0.0	0	0.0		
8.2 Class 2				•		h	0.0		0.0		
8.3 Class 3			•			<u> </u>	0.0	Ω	0.0		
8.4 Class 4						0	0.0	0	0.0		
8.5 Class 5				• • • • • • • • • • • • • • • • • • • •		0	0.0	0	0.0		
8.6 Class 6						0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(
9. Parent, Subsidiaries and Affiliates,	Schedules D & DA (G	Froun 9)	V	0	0		0.0	0	0.0	0	
9.1 Class 1	Conocació D a DA (e	1				0	0.0	0	0.0		
9.2 Class 2						n	0.0	n	0.0		
9.3 Class 3						n	0.0	0	0.0		
9.4 Class 4						n	0.0	0	0.0		
9.5 Class 5						0	0.0	0	0.0		
9.6 Class 6						0	0.0	0	0.0		
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations 10 Over 1 Year Through Total from Col. 6 Total Publicly Total Privately Placed Over 5 Years Through Over 10 Years Col. 6 as a % From Col. 7 Quality Rating per the NAIC Designation Through 20 Years Over 20 Years % of Line 10.7 1 Year or Less 5 Years 10 Years **Total Current Year** Prior Year Prior Year Traded (a) 10. Total Bonds Current Year 10.1 Class 1 ..6,608,674 .3,547,388 .10,156,062 100.0 XXX XXX .10,156,062 .XXX. 10.2 Class 2 0.0 XXX. ..0.0 .XXX. XXX. 10.3 Class 3 XXX. 10.4 Class 4 0.0. XXX. XXX 10.5 Class 5 0.0 XXX 0.0 XXX XXX 10.6 Class 6 0 10.7 Totals 6.608.674 .3,547,388 10,156,062 100.0 XXX XXX .10,156,062 10.8 Line 10.7 as a % of Col. 6 65.1 34.9 0.0 0.0 0.0 100.0 XXX XXX XXX 100.0 0.0 11. Total Bonds Prior Year XXX 11.1 Class 1 XXX XXX 11.2 Class 2 0.0 11.3 Class 3 XXX XXX 11.4 Class 4 XXX XXX 0.0 11.5 Class 5 XXX XXX 0.0 11.6 Class 6 0 XXX XXX 0.0 .XXX. 11.7 Totals ...0 .XXX. ..0.0 11.8 Line 11.7 as a % of Col. 8 0.0 0.0 0.0 0.0 0.0 XXX XXX 0.0 XXX 0.0 0.0 12. Total Publicly Traded Bonds .10.156.062 12.1 Class 1 .6.608.674 .3.547.388 .10.156.062 100.0 XXX 12.2 Class 2 0 0 XXX 0.0 XXX 12.3 Class 3 0.0 0.0 XXX 12.4 Class 4 0.0 XXX 12.5 Class 5 0.0 XXX 12.6 Class 6 0.0 0.0 12.7 Totals 100.0 .6,608,674 10,156,062 XXX 12.8 Line 12.7 as a % of Col. 6 65. 34.9 0.0 0.0 0.0 100.0 XXX XXX XXX 100.0 XXX 12.9 Line 12.7 as a % of Line 10.7. 65.1 34.9 0.0 0.0 0.0 100.0 XXX XXX XXX Col. 6, Section 10 13. Total Privately Placed Bonds XXX 13.1 Class 1 13.2 Class 2 0.0 0.0 XXX 13.3 Class 3 0.0 0.0 XXX 13.4 Class 4 0.0 0.0 XXX XXX 13.5 Class 5 0.0 0.0 XXX 13.6 Class 6 0.0 0 0 13.7 Totals 0.0 0.0 XXX 13.8 Line 13.7 as a % of Col. 6 0.0 0.0 ..0.0 0.0 0.0 0.0 XXX. XXX XXX XXX. .0.0 13.9 Line 13.7 as a % of Line 10.7. 0.0 0.0 0.0 0.0 0.0 XXX XXX XXX XXX 0.0 Col. 6. Section 10

⁽a) Includes \$ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

⁽c) Includes \$ ______ current year, \$ ______ prior year of bonds with 5* designations and \$ ______ prior year of bonds with 6* designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

SCHEDULE D - PART 1A - SECTION 2

	Maturity Distribu	ution of All Bonds O	wned December 31.	at Book/Adjusted Ca	arrving Values by M	laior Type and Subt	vpe of Issues				
	1	2	3	4	5	6	7	8	9	10	11
		Over 1 Year	Over 5 Years	Over 10 Years			Col. 6 as a %	Total from Col 6	% From Col. 7	Total Publicly	Total Privately
Distribution by Type	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year	of Line 10.7	Prior Year	Prior Year	Traded	Placed
1. U.S. Governments, Schedules D & DA (Group 1)	107.445	000 505				4 470 000	44.0			4 470 000	
1.1 Issuer Obligations	497 , 445	980 , 585				1,478,030	14.6	0	0.0	1,478,030	
1.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0	=	
1.7 Totals	497,445	980,585	0	0	0	1,478,030	14.6	0	0.0	1,478,030	0
2. All Other Governments, Schedules D & DA (Group 2)	F 470 000	4 070 040	1			7 450 744	73.4		0.0	7.458.741	
2.1 Issuer Obligations	5,479,923	1,978,818		.		7,458,741		U	0.0		
Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES						U	0.0	J	0.0		
2.3 Defined						0	0.0	0	0.0		
2.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
2.5 Defined						0	0.0	0	0.0		
2.6 Other						0	0.0	0	0.0		
2.7 Totals	5,479,923	1,978,818	0	0	0	7,458,741	73.4	0	0.0	7,458,741	0
3. States, Territories, and Possessions Guaranteed, Schedules D & DA (Group 3)	•										
3.1 Issuer Obligations						0	0.0	0	0.0		
3.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES						0	0.0	0	0.0		
3.3 Defined						0	0.0	0	0.0		
3.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
3.5 Defined						0	0.0	0	0.0		
3.6 Other						0	0.0	0	0.0		
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Sched	dules D & DA (Group 4)										
4.1 Issuer Obligations						0	0.0	0	0.0		
Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES						0	0.0	0	0.0		
4.3 Defined						0	0.0	0	0.0		
4.4 Other						0	0.0	Ω	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
4.5 Defined						0	0.0	0	0.0		
4.6 Other						0	0.0	0	0.0		
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Scher	dules D & DA (Group 5)										_
5.1 Issuer Obligations						0	0.0	0	0.0		
5.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES						0	0.0	0	0.0		
5.3 Defined						0	0.0	0	0.0		ļ
5.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
5.5 Defined				ļ		0	0.0	0	0.0		
5.6 Other				<u> </u>		0	0.0	0	0.0		<u> </u>
5.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

SCHEDULE D - PART 1A - SECTION 2 (continued) Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

1		•	Maturity Distribution		December of, at book			ia Gabtype of 133				
Distribution by Type 1 Year or Less 5 Years 7 Trough 10 Years 7 Trough 10 Years 7 Trough 20 Ye		1	2	•	4	5	6	,	•	9		
8. Public Unities (Unaffillated), Schedules D. & DA. (Group 5) 1. Issuer Obligations 2. Single Claris Mortgage Backed/Asset-Based Securities BACKED SECURITES												
6.1 Issuer Obligations MULTICLUSS RESIDENTIAL MORTGAGE MULTICLUS	, ,1		5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	Placed
e 2 Sinje Class Mortgage-Backed/Asset-Based Securities ALT.CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)										
Securities Description D							0	0.0	0	0.0		
MALTICLASS RESIDENTIAL MORTGAGE BACKED SECURITIES 6.3 Defined 6.4 One MCKED/ASSET BACKED SECURITIES 6.5 Defined 6.6 Other 6.7 Totals 6.7 Totals 6.8 Other 6.7 Totals 6.8 Other 6.9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0												
BACKED SECURITIES 4.4 OTHEr 5.3 DEFINED 5.4 OTHER 5.4 OTHER 5.5 DEFINED 5.5 DE							0	0.0	0	0.0		
6.4 Ofter MULTICLASS COMMERCIAL MORTGAGE- B. SCHORIES												
MULTICLASS COMMERCIAL MORTGAGE BACKEUDASSET-	6.3 Defined						0		0			
BACKED/ASSET-BACKED SECURITIES 6.5 Defined 6.6 Other 6.5 Defined 6.6 Other 6.6 Other 6.6 Other 6.7 Totals 6.7							0	0.0	0	0.0		
6.6 Ofber												
6.7 Totals	6.5 Defined						0	0.0	0			
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)	6.6 Other						0	0.0	0			
7.1 Issuer Obligations 631,306 587,985		U	0	0	0	0	0	0.0	0	0.0	0	0
7.1 Issuer Obligations 631,306 587,985	7. Industrial & Miscellaneous (Unaffiliated), Schedul	les D & DA (Group 7)										
7.2 Single Class Mortgage-Backed/Asset-Based Securities	7.1 Issuer Obligations		587, 985				1,219,291	12.0	0	0.0	1,219,291	
MULT-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 7.3 Defined. 7.4 Other	7.2 Single Class Mortgage-Backed/Asset-Based											
BACKED SECURITIES 7.3 Defined 7.4 Other MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES 7.5 Defined 7.6 Other 7.7 Totals 8.7 I issuer Obligations 8.1 Issuer Obligations 9.1 Parents, Subsidiaries and Affiliates, Schedules D & DA (Group 9) 9.1 Issuer Obligations 9.2 Single Class Mortgage-Backed/Asset-Based Securities MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES 9.3 Defined 9.3 Defined 9.4 Other MULTI-CLASS COMMERCIAL MORTGAGE- BACKED SECURITIES 9.5 Defined 9.6 Other 9.7 Other 9.7 Defined 9.7 Defi							0	0.0	0	0.0		
7.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED SECURITIES 7.5 Defined 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0												
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED SECURITIES 7.5 Defined 7.6 Other 7.6 Other 8. Credit Tenant Loans, Schedules D & DA (Group 8) 8. Credit Tenant Loans, Schedules D & DA (Group 8) 8. Trotals 8. 1 Issuer Obligations 9. 1 Issuer Obligations 9. 1 Issuer Obligations 9. 2 Single Class Mortgage-Backed/Asset-Based Securities 9. MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 9.3 Defined 9.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED SECURITIES 9.5 Defined 9.5 Other	7.3 Defined						0		0			
BACKED/ASSET-BACKED SECURITIES 7.5 Defined 7.6 Other 8.1 Seuer Obligations 8.7 Totals 8.2 Securities 8.3 Totals 9.3 Parents, Subsidiaries and Affiliates, Schedules D & DA (Group 8) 9. Parents, Subsidiaries and Affiliates, Schedules D & DA (Group 9) 9. Parents, Subsidiaries and Affiliates, Schedules D & DA (Group 9) 9. Securities 8.1 Securities 8.2 Securities 8.3 Defined 9.4 Other 9.4 Other 9.5 Defined 9.5 Defined 9.6 Other 9.6 Other 9.7 Defined 9.7 Defined 9.8 Defined 9.9 Define							0	0.0	0	0.0		
7.6 Other												
7.7 Totals 631,306 587,985 0 0 0 1,219,291 12.0 0 0.0 1,219,291 8. Credit Tenant Loans, Schedules D & DA (Group 8) 8.1 Issuer Obligations 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	7.5 Defined						0	0.0	0			
8. Credit Tenant Loans, Schedules D & DA (Group 8) 8. 1 Issuer Obligations 9. 9 Totals 9. 1 Subsidiaries and Affiliates, Schedules D & DA (Group 9) 9.1 Issuer Obligations 9.2 Single Class Mortgage-Backed/Asset-Based Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 9.3 Defined MULTI-CLASS COMMERCIAL MORTGAGE-BACKED SECURITIES 9.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED SECURITIES 9.5 Defined 9.6 Other 9.7 Other 0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	7.6 Other						0	0.0	0	0.0		
8.1 Issuer Obligations 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	7.7 Totals	631,306	587,985	0	0	0	1,219,291	12.0	0	0.0	1,219,291	0
8.1 Issuer Obligations 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8. Credit Tenant Loans, Schedules D & DA (Group 8	3)	•	•								
9. Parents, Subsidiaries and Affiliates, Schedules D & DA (Group 9) 9.1 Issuer Obligations 9.2 Single Class Mortgage-Backed/Asset-Based Securities 0 0 0.0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							0	0.0	0	0.0		
9.1 Issuer Obligations	8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
9.1 Issuer Obligations	9. Parents, Subsidiaries and Affiliates, Schedules D	& DA (Group 9)		•								
9.2 Single Class Mortgage-Backed/Asset-Based Securities							0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 9.3 Defined 9.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED SECURITIES 9.5 Defined 9.6 Other 9.6 Other 9.7 Defined 9.7 Defined 9.8 Other 9.9 Defined 9.0 Defined	9.2 Single Class Mortgage-Backed/Asset-Based						0		0	0.0		
9.3 Defined	MULTI-CLASS RESIDENTIAL MORTGAGE-											
9.4 Other							0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED SECURITIES 9.5 Defined 0 0.0 0.0 0.0 9.6 Other 0 0.0 0.0 0.0							0	0.0	0	0.0		
9.5 Defined 0 0.0 0.0 0.0 0.0 0.0 9.6 Other 0 0.0 0.0 0.0 0.0	MULTI-CLASS COMMERCIAL MORTGAGE-											
9.6 Other 0 0.0 0 0.0							0	0.0	0	0.0		
		Λ	Ω	0	0	n	, and the second		*		n	0

SCHEDULE D - PART 1A - SECTION 2 (continued) Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Maturity Distrib	ution of All Bond	ls Owned Decemb		justed Carrying V			f Issues	1		1	
	1	2	3	4	5	_ 6	7	8	9	10	11
		Over 1 Year	Over 5 Years	Over 10 Years		Total		Total From Col. 6		Total Publicly	Total Privately
Distribution by Type	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Current Year	of Line 10.7	Prior Year	Prior Year	Traded	Placed
10. Total Bonds Current Year											1
10.1 Issuer Obligations	6,608,674	3 , 547 , 388	0	0	0	10,156,062	100.0	XXX	XXX	10,156,062	0
10.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	XXX	XXX	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											1
10.3 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 Other	0	0	0	0	0	0	0.0	XXX	XXX	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											1
10.5 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.6 Other	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.7 Totals	6,608,674	3 , 547 , 388	0	0		10,156,062	100.0	XXX	XXX	10,156,062	0
10.8 Line 10.7 as a % of Col. 6	65.1	34.9	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Issuer Obligations	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	XXX	XXX	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
11.3 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.4 Other	0	0	0	0	0	XXX	XXX	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
11.5 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.6 Other	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.7 Totals	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.8 Line 11.7 as a % of Col. 8	0.0	0.0	0.0	0.0		XXX	XXX	0.0	XXX	0.0	0.0
12. Total Publicly Traded Bonds	0.0	0.0	0.0	0.0	0.0	7000	7000	0.0	7070	0.0	0.0
12.1 Issuer Obligations	6.608.674	3,547,388				10,156,062	100.0	0	0.0	10 , 156 , 062	XXX
12.1 Issuer Obligations 12.2 Single Class Mortgage-Backed/Asset-Backed Securities	0,000,074					10, 130,002	0.0	 O	0.0	10, 130,002	XXX
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES								u			ΛΛΛ
12.3 Defined						0	0.0	0	0.0	0	XXX
12.4 Other						D	0.0		0.0		XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES		•						υ		0	ΛΛΛ
12.5 Defined						0	0.0	٥	0.0	0	XXX
		•				D	0.0	0 0	0.0	u	XXX
12.6 Other	6.608.674	3,547,388	0	0	0	10.156.062	100.0	0	0.0	10 , 156 , 062	XXX
12.8 Line 12.7 as a % of Col. 6	65.1	3,547,566	0.0	0.0	0.0	10, 130,002	XXX	XXX	XXX	10, 130,002	XXX
	65.1	34.9	0.0	0.0		100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	00.1	34.9	0.0	0.0	0.0	100.0	۸۸۸	۸۸۸	۸۸۸	100.0	۸۸۸
13. Total Privately Placed Bonds											
13.1 Issuer Obligations							0.0	0	0.0	XXX	I
13.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0	XXX	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
13.3 Defined						ļ0	0.0	0		XXX	0
13.4 Other						0	0.0	0	0.0	XXX	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
13.5 Defined						0	0.0	0	0.0	XXX	0
13.6 Other						0	0.0	0		XXX	0
13.7 Totals	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0		0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

SCHEDULE DA - PART 2 - VERIFICATION BETWEEN YEARS

	Short-Term Investments				
	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliate
Book/adjusted carrying value, prior year	0	0	0	0	
Cost of short-term investments acquired		8,933,359		8,132,675	
Increase (decrease) by adjustment	16,015	16,015			
Increase (decrease) by foreign exchange adjustment	0				
Total profit (loss) on disposal of short-term investments	17,540	17,540			
Consideration received on disposal of short-term investments		4,984,198		7,501,369	
7. Book/adjusted carrying value, current year	4,614,022	3,982,716	0	631,306	
8. Total valuation allowance	0				
9. Subtotal (Lines 7 plus 8)	4,614,022	3,982,716	0	631,306	
10. Total nonadmitted amounts	0				
11. Statement value (Lines 9 minus 10)	4,614,022	3,982,716	0	631,306	
12. Income collected during year	122,028	88,583		33,445	
13. Income earned during year	125,186	88,368		36,818	

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

Schedule DB - Part A - VBY

NONE

Schedule DB - Part B - VBY NONE

Schedule DB - Part C - VBY NONE

Schedule DB - Part D - VBY

NONE

Schedule DB - Part E - VBY NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S - Part 1 - Section 2

NONE

SCHEDULE S - PART 2 Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	insuring Company as of December 31, Curre	6	7
NAIC Company	Federal ID					
Code	Number	Effective Date	Name of Company Allianz Life Ins Co. Of North America	Location	Paid Losses	Unpaid Losses
90611	41 - 1366075	01/01/2009	Allianz Life Ins Co. Of North America	Minneapolis MN	149,400 149,400	
0599999 - Acci	dent and Health N	Non-Affiliates			149,400	0
0699999 - Tota	ls - Accident and	d Health		T	149,400	0
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U199999 - 10	ıtais – Lite, Annt	ity and Accident a	IIU NEditii		149,400	0

SCHEDULE S - PART 3 - SECTION 2

			Re	einsurance Ceded Accident and Health Insu	rance Listed	d by Reinsuring Con	npany as of Decembe	er 31, Current Year				
1	2	3	4	5	6	7	8	9		Surplus Relief	12	13
NAIC								Reserve Credit	10	11	Modified	
Company	Federal ID						Unearned Premiums	Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Effective Date	Name of Company	Location	Type	Premiums		Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
90611	41 - 1366075	01/01/2006		Minneaplois MN.	ASL/I/A	309,882						
0199999 -	· Total Authorize	d General Account	- Affiliates			309,882	0					
0399999 -	· Total Authorize	d General Account				309,882	0					
0/99999 -	· lotal Authorize	d and Unauthorize	d General Account			309,882	0					
	· · · · · · · · · · · · · · · · · · ·	•			- -	• • • • • • • • • • • • • • • • • • • •						
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1599999	Totals					309,882	0					

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE Community Choice Michigan

SCHEDULE S - PART 4 Reinsurance Ceded to Unauthorized Companies

Finds Date Date Date Date Date Date Date Date	L	2	æ	7	Z.	y	7	α	6	10	11	12	13	14
Federal ID Effective Date Name of Rainsurer Taken Crook State 1		ı))	•				2	Sum of Cols
		ederal ID	Effective	Total Cario Classical Management		Losses Recoverable		Total	*!bec. 30 000#0		Funds Deposited by and Withheld from	Ç	Miscellaneous	9+10+11+12+13 But Not in
<u> </u>		Number	Date	Name of Reinsurer		(Debit)		(Cols. 5+6+7)	Letters of Credit		Keinsurers		balances (Credit)	Excess of Col. 8
5														
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5														
3	H													
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1190909 Total	Tot	<u></u>												

Schedule S-Part 5 Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

		O O O O	millea)			
		1 2006	2 2005	3 2004	4 2003	5 2002
Α. (DPERATIONS ITEMS					
1.	Premiums	0	0	0	0	0
2.	Title XVIII-Medicare	0	0	0	0	0
3.	Title XIX-Medicaid	310	259	498	325	339
4.	Commissions and reinsurance expense allowance		0	0	0	0
5.	Total hospital and medical expenses		0	0	0	0
В. І	BALANCE SHEET ITEMS					
6.	Premiums receivable		0	0	0	0
7.	Claims payable		0	0	0	0
8.	Reinsurance recoverable on paid losses	132	176	0	0	0
9.	Experience rating refunds due or unpaid		0	0	0	0
10.	Commissions and reinsurance expense allowances unpaid		0	0	0	0
11.	Unauthorized reinsurance offset	0	0	0	0	0
	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12.	Funds deposited by and withheld from (F)	0	0	0	0	0
13.	Letters of credit (L)	0	0	0	0	0
14.	Trust agreements (T)	0	0	0	0	0
15.	Other (O)	0	0	0	0	0

SCHEDULE S-PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	Restatement of Balance Sheet to Identi	1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)	23,097,129		23,097,129
2.	Accident and health premiums due and unpaid (Line 13)	128,000		128,000
3.	Amounts recoverable from reinsurers (Line 14.1)	131,545	(131,545)	0
4.	Net credit for ceded reinsurance	xxx	131,545	131,545
5.	All other admitted assets (Balance)	1,784,655		1,784,655
6.	Total assets (Line 26)	25,141,329	0	25,141,329
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	9,973,665	0	9,973,665
8.	Accrued medical incentive pool and bonus payments (Line 2)	23,800		23,800
9.	Premiums received in advance (Line 8)	0		0
10.	Reinsurance in unauthorized companies (Line 18)	0		0
11.	All other liabilities (Balance)	3,266,764		3,266,764
12.	Total liabilities (Line 22)	13,264,229	0	13,264,229
13.	Total capital and surplus (Line 31)	11,877,100	XXX	11,877,100
14.	Total liabilities, capital and surplus (Line 32)	25,141,329	0	25,141,329
	NET CREDIT FOR CEDED REINSURANCE			
15.	Claims unpaid	0		
16.	Accrued medical incentive pool	0		
17.	Premiums received in advance	0		
18.	Reinsurance recoverable on paid losses	131,545		
19.	Other ceded reinsurance recoverables	0		
20.	Total ceded reinsurance recoverables	131,545		
21.	Premiums receivable	0		
22.	Unauthorized reinsurance	0		
23.	Other ceded reinsurance payables/offsets	0		
24.	Total ceded reinsurance payables/offsets	0		
25.	Total net credit for ceded reinsurance	131,545		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated by States and Territories

				Direct Rue	iness Only		
	1 Life (Group and	2 Annuities (Group	3 Disability Income (Group and	4 Long-Term Care (Group and	5 Deposit-Type	6	
States, Etc.		Individual)	and Individual)	Individual)	Individual)	Contracts	Totals
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
District of Columbia							
	FL						
	GA						
12. Hawaii							
	ID						
13. Idaho							
14. Illinois		}	-		}	l	}
15. Indiana							
16. lowa	IA						
17. Kansas	KS	ł	-		}	}	ļ
18. Kentucky							
19. Louisiana							
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts 23. Michigan 24. Minnesota	MA						
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi							
26. Missouri							
27. Montana							
28. Nebraska					• • • • • • • • • • • • • • • • • • • •		
29. Nevada					• • • • • • • • • • • • • • • • • • • •		
30. New Hampshire							
31. New Jersey							
32. New Mexico							
33. New York							
34. North Carolina							
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania			<u> </u>				<u> </u>
40. Rhode Island		<u> </u>			L		<u> </u>
41. South Carolina							
	SD			• • • • • • • • • • • • • • • • • • • •			
43. Tennessee	TN						
	TN						
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45. Utah							
46. Vermont	VT						
47. Virginia		·	-		····	·	}
48. Washington						····	
49. West Virginia							
50. Wisconsin						ļ	ļ
51. Wyoming							
52. American Samoa	AS						
53. Guam							[
54. Puerto Rico							
55. U.S. Virgin Islands							
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56 Northern Mariana Islands	MD						
56. Northern Mariana Islands	CN						

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SCHEDULE Y PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES											
1	2	3	4	5	6	7	8	9	10	11	12	13
						Income/						
					Purchases, Sales or	(Disbursements)						
					Exchanges of	Incurred in						Reinsurance
					Loans, Securities,	Connection with		Income/		Any Other Material		Recoverable/
					Real	Guarantees or		(Disbursements)		Activity Not in the		(Payable) on Losses
NAIC					Estate, Mortgage	Undertakings for the	Management	Incurred Under		Ordinary Course of		and/or Reserve
Company	Federal ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
	38 - 2170985	Alcona Health Center				` ′	413,365	~			413,365	` *
	38-2679075	Family Health Center – Battle Creek					547.676				547.676	
	38-2406558	Hamilton Family Health Center					76 , 137				76,137	
	38-2290337	Thunder Bay Community Health					143,232				143,232	
	38-2053619	Baldwin Family Health Care					245,293				245,293	
	23-7107569	Hamily Health Center - Battle Creek					232,369				232,369	
	38-1908328	Health Delivery Inc. Mid Michigan Medical Center Cherry Street Health Services			Ī		498 . 173				498 . 173	
	38-6020434	Mid Michigan Medical Center			1		340,727				340,727	
	38 - 2853534	Cherry Street Health Services			1		410,689				410,689	
	38-2150252	East Jordan Family Health Center			†		97,938				97,938	
	38-2308659	Family Medical Center					75				75	
	38 - 2009364	Intercare Community Health Network					731,490			• • • • • • • • • • • • • • • • • • • •	731,490	
	38-2205859	Intercare Community Health Network. Sterling Area Health Center Community Choice Michigan.					25,112			• • • • • • • • • • • • • • • • • • • •	25,112	
95562	38-2205859 38-3252216	Community Chaice Michigan			•		(15,350,941)			• • • • • • • • • • • • • • • • • • • •	(15,350,941)	
33302	31 - 1703371	Care Source Management Group.					11,588,665		· · · · · · · · · · · · · · · · · · ·		11,588,665	
	31-1/033/1	care oddres management oroup			***************************************		11,300,003		· · · · · · · · · · · · · · · · · · ·		11,300,003	
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
which	llowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact to the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code ment is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory.	will be printed below. If the
	MARCH FILING	
9.	., .	N0
10.	The state of the s	N0
11.		N0
12.	· · · · · · · · · · · · · · · · · · ·	N0
13.	·	N0
4.4	APRIL FILING	NO
14.		N0N0
15. 16.	••	NO
	ANATION:	NO.
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